

Pro Se 11 (Rev. 12/16) ThirdParty Complaint

UNITED STATES DISTRICT COURT

for the

District of

Division

UNIFIED COURT SYSTEM OF
NEW YORK STATE ,

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

VANESSA E BOGAN ,

Defendant, Thirdparty plaintiff(s)

(Write the full name of each defendant/thirdparty plaintiff. If the names of all the defendants/thirdparty plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

NEW YORK STATE INSURANCE FUND

Thirdparty defendant(s)

(Write the full name of each thirdparty defendant. If the names of all the thirdparty defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. _____

(to be filled in by the Clerk's Office)

Jury Trial: (check one) Yes

FILED
SCRANTON

OCT 31 2024

Per _____

DEPUTY CLERK

THIRD – PARTY COMPLAINT

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	VANESSA E BOGAN
Street Address	505 SOUTH STATE STREET
City and County	SYRACUSE and ONONDAGA
State and Zip Code	NEW YORK and 13202
Telephone Number	315-671-2782
E-mail Address (if known)	

B. The Defendant(s)/ThirdParty Plaintiff(s)

Provide the information below for each defendant/thirdparty plaintiff named in the complaint. Attach additional pages if needed.

Name	UNIFIED COURT SYSTEM OF NEW YORK STATE
Street Address	25 BEAVER STREET
City and County	NEW YORK and NEW YORK
State and Zip Code	NEW YORK and 10004
Telephone Number	1-800-268-7869
E-mail Address	

C. The ThirdParty Defendant(s)

Provide the information below for each thirdparty defendant named in the complaint; whether the thirdparty defendant is an individual, a government agency, an organization, or a corporation. For an individual thirdparty defendant, include the person's job or title (*if known*). Attach additional pages if needed.

ThirdParty Defendant No. 1

Name	NEW YORK STATE INSURANCE FUND
Job or Title (<i>if known</i>)	CORPORATION
Street Address	1045 7th N STREET
City and County	LIVERPOOL and ONONDAGA
State and Zip Code	NEW YORK and 13088
Telephone Number	888-875-5790
E-mail Address (<i>if known</i>)	

ThirdParty Defendant No. 2

Name	U.S. SECURITIES AND EXCHANGE COMMISSION
Job or Title (<i>if known</i>)	CORPORATION
Street Address	100 F STREET : NE
City and County	WASHINGTON and WASHINGTON
State and Zip Code	DISTRICT OF COLUMBIA and 20549
Telephone Number	202-551-2100
E-mail Address (<i>if known</i>)	

ThirdParty Defendant No. 3

Name	CITY OF SYRACUSE
Job or Title (<i>if known</i>)	CORPORATION
Street Address	233 EAST WASHINGTON STREET
City and County	SYRACUSE and ONONDAGA

State and Zip Code	NEW YORK and 13202
Telephone Number	315-448-8400
E-mail Address (if known)	

ThirdParty Defendant No. 4

Name	CSEA EMPLOYEE BENEFIT FUND
Job or Title (if known)	CORPORATION
Street Address	1 LEAR JET LANE : SUITE 1
City and County	LATHAM and
State and Zip Code	NEW YORK and 12110
Telephone Number	1-800-286-5242
E-mail Address (if known)	

II. Initial Complaint

- A. Identify the initial complaint filed against you and the date it was filed. Describe the events that gave rise to the plaintiff's complaint, the nature of the claims asserted, and the relief sought. Attach the complaint as an exhibit.

Johnson v. Bogan

Filed: October 16, 2024 as 3:2024cv01763

Plaintiff: Robert W. Johnson**Defendant:** Vanessa E. Bogan**Cause Of Action:** 42 U.S.C. § 1983 Civil Rights Act**Court:** Third Circuit > Pennsylvania > US District Court for the Middle District of Pennsylvania**Type:** Civil Rights > Civil Rights: Other

- B. State whether you have filed an answer to the complaint and, if so, briefly summarize what admissions or denials that answer asserted. Attach the answer as an exhibit.

I have admitted liability and filed no contest.

III. ThirdParty Complaint

- A. Describe the nature of the relationship between you and the thirdparty defendant. Attach any contracts or documents showing the nature of the relationship.

PENDING.

- B. Explain why, if the plaintiff received any judgment against you, you will be entitled to judgment against the thirdparty defendant for contribution to or indemnification for the amount of damages and costs

awarded to the plaintiff. Include the percentage of the plaintiff's recovery that the thirdparty defendant will be required to contribute. Describe the facts, or relevant provisions of state law, that demonstrate you are entitled to collect from the thirdparty defendant.

ALL DEFENDANTS ACCEPT LIABILITY including VANESSA E BOGAN and ROBERT W JOHNSON is ENTITLED TO RELIEFS ROBERT W JOHNSON requested .

IV. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where caserelated papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

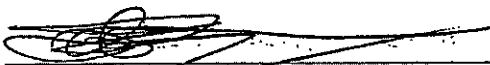
Date of signing: _____

Signature of Defendant/ThirdParty Plaintiff _____

Printed Name of Defendant/ThirdParty Plaintiff _____

B. For Attorneys

Date of signing: 10/22/2024

Signature of Attorney 

Printed Name of Attorney

UNIFIED COURT SYSTEM OF NEW YORK

Bar Number

999999

Name of Law Firm

ATEM FARMS ESQ

Street Address

401 MONTGOMERY STREET

State and Zip Code

NEW YORK and 13202

Telephone Number

E-mail Address

COURT CLERK
235 N. WASHINGTON AVE.
SCRANTON, PA 18503

USMS X-RAY

RECEIVED
SCRANTON

U.S. COURTS

OCT-31/2024

235 N. WASHINGTON AVE.
SCRANTON, PA 18503

PER [Signature]
DEPUTY CLERK